

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

February 22-2007

MEDICAID BULLETIN

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07-06

TO: Dental Providers

SUBJECT: Implementation of the copyrighted American Dental Association's (ADA's) 2006 Claim Form

Effective **March 1, 2007**, the South Carolina Department of Health and Human Services (SCDHHS) will begin accepting the copyrighted ADA 2006 Claim Form.

The ADA 2006 Claim Form allows dental providers to utilize their National Provider Identifier (NPI). The NPI is part of the HIPAA mandate requiring a standard unique identifier for healthcare providers. Use of the NPI is mandatory. Effective on and after **May 23, 2007**, SC Medicaid will no longer accept your six-character Medicaid provider identification number. For additional NPI information, refer to the South Carolina Medicaid bulletins available online at www.scdhhs.gov (publication dates: 10/19/05, 04/24/06, 09/11/06, 09/26/06, 10/12/06 and 1/18/07).

In an effort to assist providers with this transition, SCDHHS will accept claims filed on **either** the ADA 1999 version 2000 **or** the ADA 2006 claim forms through **May 22, 2007**. Effective **May 23, 2007, only claims submitted on the ADA 2006 claim form will be accepted**. Filing on the incorrect claim form will result in a rejected claim.

Attached are the instructions for completion of the ADA 2006 claim form. Please inform your software vendor of these changes. Electronic filers can refer to the revised South Carolina Medicaid Companion Guides for information regarding placement of the NPI. The Companion Guides are located on the SCDHHS Web site at www.scdhhs.gov. Click on "Electronic Data Interchange" under "Programs and Services", then select "S.C. Medicaid Companion Guides".

Questions regarding this information may be directed to your Dental Program Coordinator at (803) 898-2568. Thank you for your continued support and participation in the South Carolina Medicaid program.

/s/

Robert M. Kerr
Director

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Enclosures: Instructions for completion of the ADA 2006 Claim Form
Examples of a completed ADA 2006 Claim Form

NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information.
To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp>